

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 11/20/2004
Injured Employee:
MDR #: M2-05-0106-01
TWCC #
MCMC Certification #: 5294

Requested Service: Lumbar Decompression with Fusion and Bone Graft and instrumentation at L3-4 and L4-5.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 11/20/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

- *The Neurology Center examination dated 11/18/2003
- *River Oaks Imaging and diagnostic MRI, lumbar myelogram and postmyelographic CT report dated 10/23/2003
- *Houston Medical Imaging discogram dated 01/07/2004
- *Houston Medical Imaging CT scan lumbar post discogram dated 01/07/2004
- *Fort Bend Imaging MRI lumbar spine dated 09/04/2003
- *Forte Utilization Review letter dated 03/01/2004
- *Forte Utilization Review letter dated 03/22/2004
- *Forte Utilization Review letter dated 05/25/2004
- *Forte Utilization Review letter dated 08/31/2004
- *Forte Utilization Review letter dated 06/18/2004
- *Forte Utilization Review letter dated 07/02/2004
- *Letter from Dr. E to ___, Zenith Insurance dated 08/19/2004
- *Follow up visit notes from Dr. E dated 01/29/2004 through 07/01/2004
- *Letter from Dr. E to Dr. D dated 03/01/2004
- *Letter from Dr. E to ___, Zenith Insurance dated 11/03/2003
- *MRI lumbar spine report dated 09/04/2003
- *West Houston Medical Center Operative report dated 08/09/2004
- *Genex Medical Case manger letters dated 11/21/2003 and 12/19/2003

We recommend that the denial of lumbar decompression with fusion, bone graft, and instrumentation at L3-4 and L4-5 be upheld in this case.

This injured individual's complaints of lower back and left leg pain are consistent with spinal stenosis. According to accepted guidelines (NASS) for the treatment of spinal

stenosis, "the current data is incomplete to judge the scientific validity of spinal fusion for low back pain syndromes other than spondylolisthesis, certain fractures and tumors, and documented segmental instability. The successful results of fusion for low back pain syndromes appear to be significantly reduced in patients with greater than single disc involvement." This patient does not have one of the conditions listed above and has more than one disc involved. Thus, fusion is not clearly indicated.

REFERENCES:

1. NASS Phase III Clinical Guidelines for treatment of Spinal Stenosis

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

22nd day of November 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____